

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

John E. Seem

Title:

IMPROVED PATTERN

RECOGNITION

ADAPTIVE CONTROLLER

Application No.:

To Be Determined

Filing Date:

To Be Determined

Examiner:

To Be Determined

Art Unit:

To Be Determined

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. EV 055900193 US July 2, 2003 (Express Mail Label Number) (Date of Deposit) Guzania (Printed Name)



UTILITY PATENT APPLICATION TRANSMITTAL

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

John E. Seem

Enclosed are:

- [X] Specification, Claim(s), and Abstract (32 pages).
- [X] Informal drawings (5 sheets, Figures 1-5C).
- [X] Executed Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to Johnson Controls Technology Company, (2 pages).
- [X] Assignment Recordation Cover Sheet.
- [X] Check in the amount of \$40.00 for Assignment recordation.
- [] Small Entity statement.

[]	Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
[]	Information Disclosure Statement.
[]	Form PTO/SB/08 with copies of listed reference(s).
[X]	Application Data Sheet (37 CFR 1.76).
[]	Claim for Convention Priority.

The filing fee is calculated below:

-	Claims	I	ncluded i	n	Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	26	-	20	_ =	6	х	\$18.00	=	\$108.00
Independents:	3		3	_ = :	0	×	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present:						+	\$280.00	=	\$0.00
							SUBTOTAL:	=	\$858.00
[]	Small Entity Fees Apply (subtract ½ of above):						=	\$0.00	
					TOTAL FILING FEE:				\$858.00

- [X] A check in the amount of \$858.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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